FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State

Reset Form

Parties must be filed electronically.

2015 JAN 16 AM

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COMMITTEE NAME (Must be same as on Statement of Organiz	00	FORM	
Edward William Honin Sher	DR-2	DISCLOSURE	
The state of the s	Campaigh	(Rev. 12/2009)	REPORT
(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)	(T) Caheal Board or Other Political	For Office Use Of	IV
(4) County Central Commilton (5) County Candidate (6) City Candidate Subdivision Candidate (8) County PAC (9) City PAC (10) School Box	and or Other Political Subdivision PAC (	Comm #	Lab.
11 ) Local Ballot Issue			A A A A A A A A A A A A A A A A A A A
CANDIDATE COMMITTEES ONLY:	Political Party (if applicable)	Control of the contro	
Candidate Name	Political Faity (II applicable)		. 11.40
Edward William Having	Den		
Office South	District (if Senate or House)	Addition	and the state of t
County Sheriff	00 27A/7	) and 68A 401/3) the ca	andidate for a
Late reports are subject to possible civil and criminal penalties. Pursucandidate's committee, and the chairperson, for any other type of cor	iant to lowa Code sections odd.32A(7 mmittee, is the Individual responsible f	or filing timely and accur	ate reports.
candidate's committee, and the champerson, for any other type of			
- 11	6-11 (1 2011)	1-161-1	4
Eldania	641-430-1341 TELEPHONE	1-14-1. DATE:	SIGNED
SIGNATURE OF PERSON FILING REPORT	TELEPHONE	UATE	
PAS SERVINO PROGRAMMA SERVINO PER SERVINO	THE RESERVE THE PROPERTY OF TH		- 15
IAM FILING A Jan 1 - Dec 31	REPORT FOR (1) ELECTION /	2)NON-ELECTION YE	CAR.
(report date)	Indicate by #		
□CHECK IF AMENDMENT TO REPORT DATED	-	ocal Committees, enter D	ate of Election
Check if this is final (termination) report and attach Notice of	Dissolution Form DR-3.	County & Local Committee	s, onter County in
(You must continue to file reports until a DR-3 is filed.)	V	which Election is held	
		Franklin	
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## For Instructions, See Back of Form

Reset	Form
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## CONTRIBUTIONS -- MONEY TAKEN IN (Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
Edward William Hanig Sheriff Campaign	

SCHEDULE	
<b>A</b> (Rev. 12/13)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

FOR DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FUND- RAISER INCOME
12/31/2015	ID# CK#	United Bank and Trust 201 Gilman Street Sheffield, IA 50475	Intrest	\$.25	
	ID# CK#				
8	ID# CK#				
			SUB-TOTAL	\$	
		TOTAL (if last pag	e of this schedule)	\$ .25	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) . If surname of contributor is the same as candidate, but there is no applicable" in the relationship column.

Page \_ \_ of \_\_ familial relationship,

(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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1	NOSCUL VEILL
	PRESENTATION OF THE PRODUCT OF THE P

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

	SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
		CK THIS BOX IF NDING FORM

COMMITTEE	NAME (Must be s	same as on Statement of Organization)		
Educad	William Her	i Shariff Comparan	PURPOSE	AMOUNT
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	(DESCRIBE TRANSACTION)	EXPENDED
	ID#	Ed Houry	Transfer funds from	
2-26-14	CK#	, ,	Transfer funds from campaign account to pay for late file fee to state	\$ 50%
	ID#			
	CK#			THE SECOND SECON
VITO	ID#	United Bont and Trust	Service Changes on	
YTD	CK#		on account	8.04
	ID#			
	CK#			
	ID#		A STATE OF THE PARTY OF THE PAR	
	CK#			
	ID#			
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	1D#			
	CK#			
	ID#		LIA MINISTRA	
	CK#			
Line in construction of	distribution of the second	The first are seen to be a seen	SUB-TOTAL	\$ 58 64
			TOTAL (if last page of this schedule)	and manufactured on the state of the same week

THIS	BOX	APPLIES	TO CANDIDATES'	COMMITTEES	ONLY:
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Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule & by the amount, purpose, and date of each type of expenditure made by the person/antity on behalf of the candidate's committee. (Refer to Schedule & instructions and lowa Code 68A.402(3)(i).)

Page	1	of	 /